

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				61						
2		1		1			62						
3		2		1			63						
4							64						
5							65						
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33							93						
34							94						
35							95						
36							96						
37							97						
38							98						
39							99						
40							100						
41							TOTAL IND.						
42							TOTAL DEP.						
43							TOTAL CLAIMS						
44													
45													
46													
47													
48													
49													
50													
TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													